

State of Delaware - Affidavit for Absentee Ballot - Primary or Presidential Primary Election Only

Complete Column "I" and then complete Section "A" or "B" as appropriate.

Column "I"

PLEASE PRINT LEGIBLY

Full Name: _____

Address of your home in Delaware: _____

Date of Birth: _____

SSN (optional): _____

Political Party
Affiliation: _____

Telephone Number: _____

Email Address: _____

Address to which ballot is to be mailed if it is different
than the address written above:

I request a ballot for the following elections:

☐ Primary ☐ Presidential Primary ☐ All elections

NOTE: Public School Elections require a different affidavit.

BELOW IS FOR OFFICE USE ONLY

ED: _____ RD: _____ Style: _____

Mail ☐ In Person ☐ ID: _____ Party: _____

Date Affidavit Returned: _____

Voucher Number: _____

Date Ballot Mailed: _____

Section "A"

THIS SECTION DOES NOT
HAVE TO BE NOTARIZED.

Complete this section if you are temporarily or permanently physically disabled or if you cannot go to your polling place because of one of the other reasons listed below.

I do solemnly swear or affirm, under penalty of perjury, that I am unable to go to my regular polling place during the forthcoming election(s) for the reason checked below and that the information contained herein is true.

Check the appropriate box below:

- ☐ I am sick, or temporarily or permanently physically disabled.
- ☐ I am providing care to a parent, spouse or my child who is living at home and requires constant care due to illness or injury.
- ☐ I am in the public service of the U. S. or the State of Delaware.
- ☐ I am temporarily residing outside of the U. S. and the District of Columbia.
- ☐ I am absent from the state because of illness or injury received while serving in the armed forces of the U.S.
- ☐ I am a member of the U. S. Armed Forces, the American Red Cross, the U. S. O. or the U. S. Merchant Marine.
- ☐ I am a spouse or dependent residing with or accompanying a person temporarily residing outside the territorial limits of the United States and the District of Columbia.

Signature of voter: _____

My expected location on election day is: _____

Telephone Number (at my expected location on Election Day): _____

Date: _____

Section "B"

THIS SECTION MUST BE NOTARIZED.

Complete this section if you cannot go to your polling place for one of the reasons listed below.

I do solemnly swear or affirm, under penalty of perjury, that I am unable to go to my regular polling place during the forthcoming election(s) for the reason checked below and that the information contained herein is true.

Check the appropriate box below:

- ☐ Due to the nature of my business or occupation (this includes students).
- ☐ I am incarcerated.
- ☐ I am absent from the district while on vacation.
- ☐ Due to the tenets or teachings of my religion.

My expected location on election day is: _____

Signature of voter: _____

Telephone Number (at my expected location on Election Day): _____

Subscribed and sworn to before me this _____

Day of _____

NOTARY: _____

SOCIAL SECURITY NUMBER DISCLOSURE STATEMENT

Disclosure of your social security number is requested so that each individual who is registered to vote is identifiable in an accurate and efficient manner. This disclosure is requested pursuant to 15 Del. C. Section 5503 and 5 U.S.C.A Section 552(a) note (Section 7 of the Privacy Act of 1074). The disclosure of your social security number is voluntary. If you choose not to disclose your social security number, you will be assigned a nine (9) digit identifying number during the processing of your registration.

Your social security number is used as necessary for administrative purposes relating to voting, including to identify you as a registered voter, to insure no individual is registered in more than one place, to verify address, voting districts, and other information and may be used for any other lawful purpose. The registration application containing your social security number will become part of the registration records of your county.

**ELECTION MATERIAL
PROCESS IMMEDIATELY**

PLACE
STAMP
HERE

DEPARTMENT OF ELECTIONS FOR SUSSEX COUNTY
119 N RACE ST
PO BOX 457
GEORGETOWN DE 19947-0457